

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 4 6

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.250

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 9345.74

b. FFY 2001 \$ 37775.80

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 9a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

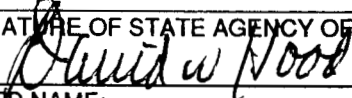
SAME (TN 00-25) Pending

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to restore the seven percent (7%)  
reduction previously made in the Medicaid prospective per diem rates for private nursing  
facilities.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does  
not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 25, 2000

16. RETURN TO:

State of Louisiana  
Department of Health and Hospitals  
1201 Capitol Access Road  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

SEPTEMBER 29, 2000

18. DATE APPROVED:

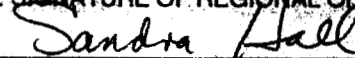
JUNE 6, 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR  
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

STATE OF LOUISIANA

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1) Temporary Adjustments

Temporary adjustments do not affect the base rate used to calculate new rates.

a) Changes Reflected in the Economic Indices:

Temporary adjustments may be made when changes which will eventually be reflected in the economic Indices (such as a change in the minimum wage, a change in FICA or a utility rate change) occur after the end of the period covered by the Index, i.e., after the December preceding the rate calculation. Temporary adjustments are effective only until the next annual base rate calculation.

b) Lump Sum Adjustments:

Lump sum adjustments may be made when the event causing the adjustment requires a substantial financial outlay, such as a change in certification standards mandating additional equipment or furnishings. Such adjustments shall be subject to BHSF review and approval of costs prior to reimbursement.

- 2) Base Rate Adjustment - A base rate adjustment will result in a new base rate component or a new base rate component value which will be used to calculate the new rate for the next year. A base rate adjustment may be made when the event causing the adjustment is not one that would be reflected in the Indices.

SUPERSEDES: TN - 00-25.

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-29-00</u>	
DATE APP'D <u>6-6-01</u>	
DATE EFF <u>7-1-00</u>	
HCFA 179 <u>TN 00-46</u>	

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TN# 00-46 Approval Date 6-6-01 Effective Date 7-1-00  
Supersedes  
TN# 00-25